EXHIBIT 1

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
Aug 12 2020

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER** 142-20-136811

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last) (Before Marriage)	KENNETH MELVIN COLE SR.
2. DATE OF DEATH - ACTUAL OR PRESUMED (mm-dd-yyyy)	AUGUST 10, 2020
3. SEX	MALE
4. DATE OF BIRTH (mm-dd-yyyy)	[redacted]
5. AGE-Last Birthday (Years)	65
IF UNDER 1 YR Mo / Days	
IF UNDER 1 DAY Hours / Min	
6. BIRTHPLACE (City & State or Foreign Country)	FORT WORTH, TX
7. SOCIAL SECURITY NUMBER	[redacted]
8. MARITAL STATUS AT TIME OF DEATH	☐ Married ☒ Widowed (but not remarried) ☐ Divorced (but not remarried) ☐ Never Married ☐ Unknown
9. SURVIVING SPOUSE'S NAME (If spouse, give name prior to first marriage)	
10a. RESIDENCE STREET ADDRESS	2810 GRINDSTONE RD
10b. APT. NO.	
10c. CITY OR TOWN	MILLSAP
10d. COUNTY	PARKER
10e. STATE	TEXAS
10f. ZIP CODE	76066
10g. INSIDE CITY LIMITS?	☐ Yes ☒ No
11. FATHER/PARENT 2 NAME PRIOR TO FIRST MARRIAGE	WILLIE MELVIN COLE
12. MOTHER/PARENT 1 NAME PRIOR TO FIRST MARRIAGE	ALOHA WHITE
13. PLACE OF DEATH (CHECK ONLY ONE)	
IF DEATH OCCURRED IN A HOSPITAL:	☐ Inpatient ☐ ER/Outpatient ☐ DOA
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL:	☐ Hospice Facility ☐ Nursing Home ☒ Decedent's Home ☐ Other (Specify)
14. COUNTY OF DEATH	PARKER
15. CITY/TOWN, ZIP (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO)	PRECINCT 3, 76066
16. FACILITY NAME (If not institution, give street address)	2810 GRINDSTONE RD
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED	KENNETH COLE JR. - SON
18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)	9021 FARMER RD, WHITE SETTLEMENT, TX 76108
19. METHOD OF DISPOSITION	☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Mausoleum ☐ Other (Specify)
20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	JAMES R. ALEXANDER,BY ELECTRONIC SIGNATURE - 112002
21.	☒ Unknown Section / Block / Lot / Space
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	BROCK CEMETERY
23. LOCATION (City/Town, and State)	BROCK, TX
24. NAME OF FUNERAL FACILITY	ALEXANDER'S MIDWAY FUNERAL HOME
25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)	3607 EAST HIGHWAY 199, SPRINGTOWN, TX 76082
26. CERTIFIER (Check only one)	☒ Certifying physician-To the best of my knowledge, death occurred due to the cause(s) and manner stated. ☐ Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time,date and place, and due to the cause(s) and manner stated.
27.SIGNATURE OF CERTIFIER	MARSHALL MORRISON , BY ELECTRONIC SIGNATURE
28. DATE CERTIFIED (mm-dd-yyyy)	AUGUST 11, 2020
29. LICENSE NUMBER	G5405
30. TIME OF DEATH(Actual or presumed)	04:00 PM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City,State,Zip Code)	MARSHALL MORRISON 137-A INDUSTRIAL AVE, AZLE, TX 76020
32. TITLE OF CERTIFIER	MD

WARNING
The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to $10,000. (Health and Safety Code, Sec. 195, 1988)

CAUSE OF DEATH

33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.

		Approximate Interval Onset to death
IMMEDIATE CAUSE (Final disease or condition ----> resulting in death)	a. SEPTIC SHOCK	3 DAYS
Due to (or as a consequence of):		
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST	b. EROSION OF TRACHEA	3 WEEKS
Due to (or as a consequence of):		
	c. LARGE B CELL LYMPHOMA, METASTATIC	6 WEEKS
Due to (or as a consequence of):		
	d.	

PART 2. ENTER OTHER CAUSE GIVEN IN PART I. SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING

34. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No

36. MANNER OF DEATH	☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be determined
37. DID TOBACCO USE CONTRIBUTE TO DEATH?	☐ Yes ☒ No ☐ Previously ☐ Probably ☐ Unknown
38. IF FEMALE:	☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Not pregnant, but pregnant 43 days to one year before death ☐ Unknown if pregnant within the past year
39. IF TRANSPORTATION INJURY, SPECIFY:	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
40a. DATE OF INJURY(mm-dd-yyyy)	
40b.TIME OF INJURY	
40c. INJURY AT WORK?	☐ Yes ☐ No
40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)	
40e. LOCATION (Street and Number, City,State,Zip Code)	
40f. COUNTY OF INJURY	
41. DESCRIBE HOW INJURY OCCURRED	
42a. REGISTRAR FILE NO.	
42b. DATE RECEIVED BY LOCAL REGISTRAR	
42c. REGISTRAR	

VS-112 REV 1/2006

QA171255593

JON

EDR NUMBER 000044444796771

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED Aug 13 2020

TARA DAS
STATE REGISTRAR

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE